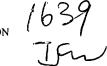
Appl. No. 10/033,055 Amdt. Dated June 11, 2004 Reply to Office Action of May 14, 2004



IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Appl. No.

10/033,055

Confirmation No. 7860

Applicants

Ronald M. BURCH, et al.

Filed

December 27, 2001

For

Analgesic Combination of Oxycodone and Celecoxib

TC/A.U.

1639

Examiner

Bennett Celsa

Docket No.

200.1079CON

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action of May 14, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 4 of this paper.

FORM PTO-1083

COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22314-1450

In re application of:

Ronald M. BURCH, et al.

Serial No.:

10/033,055

Filed:

December 27, 2001

For:

ANALGESIC COMBINATION OF OXYCODONE AND CELECOXIB

Sir:

Transmitted herewith is a Response to the Restriction Requirement in the above-identified application.

- [,] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
- [] Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
- [X] No fee for additional claims is required.
- [\(\) A filing fee for additional claims calculated as shown below, is required:

	(Col. 1)	(Col. 2)	_	SMALL	ENTITY		LARGE	ENTITY
_FOR:	REMAINING	HIGHEST		RATE	FEE	OR	RATE	FEE
	AFTER	PREVIOUSLY	PRESENT			_,_	-	
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	Minus		0		x \$ 9	\$		x \$ 18 \$
INDEP. CLAIMS	Minus		0	\Box	x \$ 42	\$		x \$ 84 \$
[] FIRST PRES	SENTATION OF	MULTIPLE DE	P. CLAIM	+ \$140	\$	1	+ \$28	0 \$
							•	
					TOTAL:	Ś	OR	TOTAL: \$

- If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

[X]	Also transmitted herewith are: [] Petition for extension under 37 C.F.R. 1.136 (in duplicate) [X] Other: Return Postcard
[]	Check(s) in the amount of \$.00 is/are attached to cover: [] Filing fee for additional claims under 37 C.F.R. 1.16 [] Petition fee for extension under 37 C.F.R. 1.136 [] Other:

- [X] The Assistant Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
 - [X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
 - [X] Any patent application processing fees under 37 C.F.R. 1.17.
 - [X] Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR

1.136.

Robert J. Parediso, Reg. No. 41,240 DAVIDSON, DAVIDSON & KAPPEL, LLC

Docket No.: 200.1079CON

Date: June 11, 2004

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on

DAVIDSON, DAVIDSON & KAPPEL, LLC